

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108419

1. Entity Name

ACCESS TO ARTS, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90022 004 ***150.00

Principal Place of Business

Mailing Address

1928 HOLLYWOOD BLVD
HOLLYWOOD FL 33020
US

1928 HOLLYWOOD BLVD
HOLLYWOOD FL 33160-4962
US

2. Principal Place of Business

Blvd, #1804

2000 Island

3. Mailing Address

2000 Island Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1804

1804

City & State Williams Island

City & State Williams Island

Aventura, FL

Aventura FL

Zip

Country

Zip

Country

33160

U.S.A.

33160

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARAK, ALEX T
4601 SHERIDAN ST. STE. 206
HOLLYWOOD FL 33021

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSON, ROLAND	
STREET ADDRESS	2000 ISLAND BLVD. SUITE 2203	
CITY-ST-ZIP	WILLIAMS ISLAND FL 33160	
TITLE	TVS	<input type="checkbox"/> Delete
NAME	JOHNSON, SHONA	
STREET ADDRESS	2000 ISLAND BLVD. SUITE 2203	
CITY-ST-ZIP	WILLIAMS ISLAND FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	Suite 1804
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	Suite 1804
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. Johnson 04/06/00 305 932 9424
SHONA JOHNSON Date Daytime Phone #

CR2E034 (9/99)